

**THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF MISSISSIPPI**

# **ATTORNEY RE-REGISTRATION FORM**

MS Bar Number: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Mail Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Are you admitted to practice in the Northern District? YES \_\_\_\_\_**  
**NO \_\_\_\_\_**

**If so, when were you admitted?** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: A \$10.00 re-registration fee is required. Please make your check payable to Clerk, U.S. District Court.**

Please return this form and your fee to the following address:  
Office of the Clerk  
U.S. District Court  
911 Jackson Avenue, Room 369  
Oxford, MS 38655